NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen. Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

before submitting or form will be returned.

The circle if amendment The perference	Reporting Information			FOR OFFICE USE O	NLY	D
report Period: O January/June © July/December ype of Lobbying: ® Nonprocurement O Procurement O Both Client Filing Fee Check Number: Client Information	Year: 2012		Surger St. Tour Co. For	yn	<u>e</u>	
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Client Filing Fee Check Number:	Report Period: O January/June 💮 J	uly/December		RECEIVE	D JAM 15 2013	
Citent Information Citent	15-15 Asses	rocurement	OBoth			
Permanent Business Address: 208 West Main St City: Elbridge Susiness Phone: 315-252-7889 Fax Number: 315-252-0453 Third Party Beneficiary (see instructions): Lobbyist(s) Information & Compensation (Current Period Only) Apy incividual or organization that has lobbled on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or arganization. A Type of Lobbyist: © Retained © Employed © Designated Level of Gov't: © State Lobbying © Local Lobbying © Both Name: ML Strategies, LLC Address: 701 Pennsylvania Ave., NW, Suite 900 Compensation for current period: \$60.000 B Type of Lobbyist: © Retained © Employed © Designated Level of Gov't: © State Lobbying © Local Lobbying © Both Name: Address: City:	Client Filing Fee Check Number:			Ch# 129	50-	
Permanent Business Address: 208 West Main St City: Elbridge Susiness Phone: 315-252-7889 Fax Number: 315-252-0453 Third Party Beneficiary (see instructions): Lobbyist(s) Information & Compensation (Current Period Only) Apy incividual or organization that has lobbled on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or arganization. A Type of Lobbyist: © Retained © Employed © Designated Level of Gov't: © State Lobbying © Local Lobbying © Both Name: ML Strategies, LLC Address: 701 Pennsylvania Ave., NW, Suite 900 Compensation for current period: \$60.000 B Type of Lobbyist: © Retained © Employed © Designated Level of Gov't: © State Lobbying © Local Lobbying © Both Name: Address: City:						
Permanent Business Address: 208 West Main St City: Elbridge Business Phone: 315-252-7889 State: NY State: NY State: NY State: 13060 Fax Number: 315-252-0453 State: 13060 Fax Number: 315-252-0453 State: 13060 Fax Number: 315-252-0453 State: 13060 Fax Number: 315-252-0453 State: 13060 Fax Number: 315-252-0453 State: 13060 Fax Number: 315-252-0453 State: 13060 St	Client Information					
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City: Elbridge Susiness Phone: 315-252-7889 Third Party Beneficiary (see instructions): Lobbyist(s) Information & Compensation (Current Period Only) Any individual or organization that has lobbled on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization. A Type of Lobbyist:						
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Compensation for current period: \$.00 Continued on attached pages				State:	7IP code:	
O Continued on attached pages	1		00	Sidio.	2.1. 0000.	
D TOTAL COMPENSATION of All lobbyists for current period (A+B+C+nagendum sneets). 1300,000		ete for ourren	t period	(A+B+C+addend	um sheets): \$60,000	.00

IV Other Expenses (Current Semi-Annu	al P	eriod Only)			Alternative Paragraphic	
A Report in the aggregate all expenses less than or eq	ual to :	\$75:	\$ 1	10	.00	
B Report in the aggregate all expenses for salaries of r	on-lob	bying employees:	\$ 0		.00	
C Itemize each expense exceeding \$75:						
PAID TO: First Niagara Risk Management		ATE: 8 /27	2012	O Ad	O Social Eve	nt
PURPOSE: Directors Liability Insurance O PROCUREMENT ® NONPROCUREMENT	Al	MOUNT: \$ ₈₀₀	.00	O *Adder	ndum attached	
PAID TO: Michele Driscoll	D,	ATE: 11 /9	/2012	O Ad	O Social Eve	ent
PURPOSE: Legal Services	A	MOUNT: \$1540	.00	O *Adder	ndum attached	
O PROCUREMENT ® NONPROCUREMENT					- N- 7.	
Continued on attached pages						
If any expense listed above exceeds \$75 for a expense, dollar amount attributable to the in	n indi	vidual, you must o	attach the ac	ddendum pa	ge listing the	
D Total expenses for current period: \$2775					tached pages in to	tal)
		1				
V Source of Funding Disclosure				and gradie		
Instructions: In the event only one person or entity is event multiple persons or entities have	listed	as the Single Source	ce for a Contr	ibution(s), use or a Contribu	e Section A. In the tion(s), use Section	В.
A Below, list all Contributions received fro received. If more than five Contribution	m the S	ingle Source, inc	lude the date	and the amo	ount of the Contribut	lion
received. If more than five Contribution Addendum for the additional Contributi	ons.	the Single Source	nave been re	ceivea, use	section V(C) of the	
Contribution(s) from Single Source #1						
Single Source Entity's Name:			12			
or Single Source Person's Last Name: McCooey		First N	lame: John			
Address: 25 Central Park West						
City: NY		State	:NY		ZIP code:10023	
Phone: 716-830-1348		79				
Date Contribution Received: 7 /9 /201	2	Amount of C	Contribution:	\$2500	.00	
Date Contribution Received: 8 /2 /201	2	Amount of C	Contribution:	\$2500	.00	.4
Date Contribution Received: 8 /20 /201	2	Amount of C	Contribution:	\$1650	.00	10
Date Contribution Received: 9 / 10 / 201	2	Amount of C	Contribution:	\$2500	.00	
Date Contribution Received: 10 /3 /201	2	Amount of C	Contribution:	\$2500	.00	
Check here if using section V(C) of the Addendum for C	ddition	al Contributions:				×
Contribution(s) Single Source #2		2				
Single Source Entity's Name:						
or Single Source Person's Last Name: Dziewit		First N	Name: John			
Address: 678 Sara Court						
City: Lewiston		State	: NY		ZIP code: 14092	
Phone: (716) 754-2073						
Date Contribution Received: 7 /9 /201	2	Amount of C	Contribution:	\$ 2500	.00	
Date Contribution Received: 8 /2 /201	2	Amount of C	Contribution:	\$2500	.00	
Date Contribution Received: / /		Amount of C	Contribution:	\$.00	
Date Contribution Received: / /		Amount of C	Contribution:	\$.00	
Date Contribution Received: / /		Amount of C	Contribution:	\$.00	
Check here if using section V(C) of the Addendum for	addilio	nal Contributions:				0
Check here if there are Contribution(s) from Single Soul Addendum to list all such Contributions:	ce(s) c	other than those lis	ted above. U	se Section V(A) of the	0

V Source of Funding Disclosure					
B Single Source information for a Contribu	ion(s)	from multip	ole, Related, or Affiliated Entit	ies.	ν.
Contributions from Single Source #1					
Related or Affiliated Entity or Person: Aaron Harris					
Entity's or Person's Full Name: Aaron Harris		3/			
Entity's or Person's Address: 106 Haywood Ro	Syra	use NY 13	219		*
Entity's or Person's Phone: 315-952-0341					8
Dates and Amounts of Contributions from E					0.0
Date Contribution Received: 7	/9	C5.1	Amount of Contribution:		.00
Date Contribution Received: 8	/2	1.51	Amount of Contribution:		.00
Date Contribution Received: 9	/10	/2012	Amount of Contribution:		.00
Check here if using section V(C) of the	Adder	dum for ac	Iditional Contributions:	· (x)	
Related or Affiliated Entity or Person: Tara Graham					
Entity's or Person's Full Name: Tara Graham		2)			•
Entity's or Person's Address: 8306 Summit Ce	dar La	ine Liverpo	ol, NY 13090		
Entity's or Person's Phone: 315-730-8366		_			
Dates and Amounts of Contributions from E	ntity o		Amount of Contribution:	\$500	.00
Bato commoner reserved.			Amount of Contribution:		.00
Date Contribution Received: 8	/2				.00
Date Contribution Received: 9	/10	85 176	Amount of Contribution:	⊅ 500 ⊗	.00
Check here if using section V(C) of the					
Check here if using section V(B) of the Addendum for a Contributions from Single Source #2	adillor	idi keluled,	Of Allindied Littines of Ferson	194	
Related or Affiliated Entity or Person:					
Entity's or Person's Full Name:					
Entity's or Person's Address:					
Entity's or Person's Phone:					
Dates and Amounts of Contributions from I	Entity o	or Person:			
Date Contribution Received:	1.	1	Amount of Contribution:	\$.00
Date Contribution Received:	1	/	Amount of Contribution:	\$.00
Date Contribution Received:	1	/	Amount of Contribution:	\$.00
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Related or Affiliated Entity or Person:					
Entity's or Person's Full Name:					
Entity's or Person's Address:			1		
Entity's or Person's Phone:					
Dates and Amounts of Contributions from Date Contribution Received:	Entity (or Person: /	Amount of Contribution:	\$.00
Date Contribution Received:	1	/	Amount of Contribution:	\$.00
Date Contribution Received:	/	/	Amount of Contribution:		.00
Check here if using section V(C) of the	Adde	ndum for a		®	
Check have if using section V(R) of the Addendum for o	dditio	nal Related	or Affiliated Entities or Perso	ns:	
Check here if there are Contribution(s) from Single Soul Addendum to list all such Contributions:	ce(s)	other than t	hose listed above. Use Secti	on V(B) of the) O

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Lobbyist(s) Information & Comp	ensatio	n (Curre	nt Pe	riod Only		
Any individual or organization that has lobbied on bwas exceeded by that individual or organization.	oehalf of th	e client mu	ist be re	ported belov	v, regardless o	t whether the threshold
	ployed	O De	esignat	ed		ia.
Level of Gov't: O State Lobbying O Loc	cal Lobbyi	ng O Bo				8
Name:			Phone	e`Number:		
Address:						
City:			State		ZIP cod	e:
Compensation for current period: \$.00					
1,000,000,000	nployed		esignat:	ea		
Level of Gov't: O State Lobbying O Loc	cal Lobby	ing OBC		o kilomete ev.		
Name:			Phon	e Number:		
Address:			CIl.	9	ZIP cod	40.
City:			State	: :	ZIF COC	ie.
Compensation for current period: \$.00	-	\ = alleus eu	lod.		
Type of Lobbyist.	nployed	0.25	esigna eth	ied		
Level of Gov't: O State Lobbying O Lo	cal Lobby	ing OB		51 7		
Name:			Phon	e Number:	**	
Address:		<u> </u>	C1 1 -		ZIP cod	40.
City:	-	_	State	•	ZIF COC	ie.
Compensation for current period: \$.00			100,000		
IV Other Expenses (Current Semi-A	Annval I	Period C	Only)			The state of the s
PAID TO: Hancock Estabrook, LLP		ATE: 10	/03	/2012	O Ad	O Social Event
PURPOSE: Legal Services	1	MOUNT:	\$325	.00	O *Adder	dum attached
O PROCUREMENT & NONPROCUREMENT						
PAID TO:	[ATE:	/	/	OAd	O Social Event
PURPOSE:	,	MOUNT:	\$.00	O *Adder	ndum attached
O PROCUREMENT O NONPROCUREMENT						and the second s
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PURPOSE:		AMOUNT:	\$.00	○*Adden	dum attached
O PROCUREMENT O NONPROCUREMENT	T					

Designated Addendum sheet for section V(A)

V Source of Funding Disclosure

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

A Below, list αll Contribu received.	tions rec	eived fro	m the	Single Source. Include the date	and the an	nount of the Contri	bution
Contributions from Single Source #	ŧ3						
Single Source Entity's Name:							
or Single Source Person's Last Name:				First Name:			
Address:							
City:				State:		ZIP code:	
Phone:							
Date Contribution Received:	/	/		Amount of Contribution:	\$.00	
Date Contribution Received:	/	/		Amount of Contribution:	\$.00	
Date Contribution Received:	/	/		Amount of Contribution:	\$.00	
Date Contribution Received:	/	/		Amount of Contribution:	\$.00	
Date Contribution Received:	/	/		Amount of Contribution:	\$.00	
Check here if using section V(C) of th	e Adder	ndum for	additio	nal Contributions:			.0
Contributions from Single Source #	<u> 1</u>						3040
Single Source Entity's Name:							2.
or Single Source Person's Last Name:	: McCoo	ey .		First Name: John			
Address: 25 Central Park West							
City: NY				State: NY		ZIP code:10023	3
Phone: 716-830-1348							
Date Contribution Received: 1	1 / 26	/ 201	2	Amount of Contribution:	\$ 5350	.00	
	2 / 1	/ 201	73.7	Amount of Contribution:	\$ 2500	.00	
Date Contribution Received: 1	2 / 24	/ 201	2	Amount of Contribution:	\$4600	.00	
Date Contribution Received:	/	/		Amount of Contribution:	\$.00	
Date Contribution Received:	/	/		Amount of Contribution:	\$.00	
Check here if using section V(C) of th	e Adder	ndum for	additio	nal Contributions:			\bigcirc
Contributions from Single Source #	<u> </u>		9				
Single Source Entity's Name:							
or Single Source Person's Last Name:				First Name:			
Address:		¥					
City:				State:		ZIP code:	
Phone:							•
Date Contribution Received:	/	/		Amount of Contribution:	\$.00	
Date Contribution Received:	/	/		Amount of Contribution:	\$.00	
Date Contribution Received:	/	/		Amount of Contribution:	\$.00	
Date Contribution Received:	/	/		Amount of Contribution:	\$.00	
Date Contribution Received:	1	/		Amount of Contribution:	\$.00	
Check here if using section V(C) of th	e Adder	ndum for	additio	nal Contributions:			0

Designated Addendum sheet for section V(B)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities. Single Source #2 Related or Affiliated Entity or Person: Aaron Harris Entity's or Person's Full Name: Aaron Harris Entity's or Person's Address: 106 Haywood Rd Syracuse NY 13219 Entity's or Person's Phone: Dates and Amounts of Contributions from Entity or Person: .00 Date Contribution Received: /2012 Amount of Contribution: \$1000 10 /3 /2012 Amount of Contribution: \$ 1000 .00 Date Contribution Received: 19 11 /2012 Amount of Contribution: \$1000 .00 Date Contribution Received: 12 /10 Amount of Contribution: \$.00 Date Contribution Received: Related or Affiliated Entity or Person: Tara Graham Entity's or Person's Full Name: Tara Graham Entity's or Person's Address: Entity's or Person's Phone: Dates and Amounts of Contributions from Entity or Person: Date Contribution Received: /2012 Amount of Contribution: \$1000 .00 10 /3 /2012 Amount of Contribution: \$1000 Date Contribution Received: 11 19 .00 /2012 Amount of Contribution: \$1000 Date Contribution Received: 12 /10 .00 .00 Date Contribution Received: Amount of Contribution: \$ Single Source #_ Related or Affiliated Entity or Person: Entity's or Person's Full Name: Entity's or Person's Address: Entity's or Person's Phone: Dates and Amounts of Contributions from Entity or Person: Amount of Contribution: \$.00 Date Contribution Received: Date Contribution Received: Amount of Contribution: \$.00 1 Amount of Contribution: \$.00 Date Contribution Received: 1 .00 Amount of Contribution: \$ Date Contribution Received: Related or Affiliated Entity or Person: Entity's or Person's Full Name: Entity's or Person's Address: Entity's or Person's Phone: Dates and Amounts of Contributions from Entity or Person: Amount of Contribution: \$.00 Date Contribution Received: /

VI Subjects lobbied: Medicaid, TBI and NHTD Waiver Programs	VII Person, State Agency, Municipality or Legislative Body lobbled: NY Governor's Office, NY State Department of Health
O Continued on attached pages	O Continued on attached pages
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied: NYSDOH's demonstration to integrate care for dual eligible	VIII Title and Identifying Numbers of procurement contracts/documents lobbled: None
individuals; Managed Long Term Care (MLTC) Program, as amended by the NYS budget (S. 2809-D; A. 4009-D), and including 1115 Waiver amendments approved by CMS; extension of TBI & NHTD 1915(c) waiver programs; as well as across-the-board 2% reduction in provider payments © Continued on attached pages	
IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied: None	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbled: None
Continued on attached pages XI Declaration This Declaration must be signed by the Chief Administration reason, does not sign, he/she must duly designate and I declare under penalty of perjury that the incorrect, and complete to the best of my/kno	O Continued on attached pages attive Officer. (If the Chief Administrative Officer, for any other person to sign this Declaration.) (See instructions.) Iformation contained in this report is true, wedge and belief.
PRINT NAME: LAST HAMMES TITLE: TRASUREN Mark One: © Chief Administrative Officer	DATE: 1/14/13 FIRST AARON O Designee(Attach Letter)
The following MUST be attached to this reYou must attach a \$50 dollar filing fee to each semiIf applicable, a designation letter if you have marked	annual report. (No fee is required for amendments to the original)

--If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.